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REQUEST FOR PATENT FEE REFUND								
1 Date of Request: _____		2 Serial/Patent # 10/520245						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				
<input type="checkbox"/>	Filing		01/03/05	\$ 100				
<input type="checkbox"/>	Amendment			\$				
<input type="checkbox"/>	Extension of Time			\$				
<input type="checkbox"/>	Notice of Appeal/Appeal			\$				
<input type="checkbox"/>	Petition			\$				
<input type="checkbox"/>	Issue			\$				
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$				
<input type="checkbox"/>	Maintenance			\$				
<input type="checkbox"/>	Assignment			\$				
<input type="checkbox"/>	Other			\$				
		7 TOTAL AMOUNT OF REFUND		\$ 100				
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:						
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>01</td> <td>--</td> <td>04</td> <td>67</td> </tr> </table>			01	--	04	67
01	--	04	67					
<input type="checkbox"/>	No Fee Due (Explanation):							
11 REFUND REQUESTED BY: _____								
TYPED/PRINTED NAME: <u>William Murdo</u>		TITLE: _____						
SIGNATURE: _____		PHONE: _____						
OFFICE: <u>National Stage Processing</u> <u>Patent Specialist</u> <u>(703) 365-8421</u>								
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APPROVED: _____		DATE: _____						

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